



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511
www.needhamma.gov/health 781-455-0892 (fax)



APPLICATION FOR BODY ART PRACTITIONER PERMIT

Date: _____

To the Licensing Authorities: In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:

Applicant: _____
(Full name of person making application.)

Address: _____
(Location by number and street where applicant will be practicing.)

PURPOSE OF LICENSE REQUESTED:

TO ENGAGE IN THE PRACTICE OF BODY ART ACCORDING TO THE MASSACHUSETTS GENERAL LAW
CHAPTER 140 AND THE RULES AND REGULATIONS OF THE TOWN OF NEEDHAM

Signature of Applicant: _____ Phone: _____

Address of Applicant: _____
(If different from above address)

Permit Issued on: _____

Health Department Agent: _____

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury, that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Social Security Number or

Signature of Individual or Corporate Name

Federal Identification Number

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